

## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <a href="http://about.jstor.org/participate-jstor/individuals/early-journal-content">http://about.jstor.org/participate-jstor/individuals/early-journal-content</a>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

and of a great number of the fibres of projection of the same side and a degeneration of the pyramidal tract continuing towards the internal capsule. The author discusses the question of the paralytic genetic processes in the brain. What is the cause of this great atrophy of the hemispheres? does it follow a process of another nature? is it the consequence of the paralytic process? or does the general paralysis develop in a brain where a hemisphere has been the seat of atrophy due to an arrest of development? By exclusion the author diagnoses an atypical general paralysis of Lissauer. Against the arrest of development, there is an equal development of the cerebral peduncles and of the pyramids. The real cause of this atrophy the author is unable to state.

[We have seen four similar cases of general paralysis with one-sided being atrophy. In all these cases for layout two paralysis with one-sided than a traphy.

l we have seen four similar cases of general paralysis with one-sided brain atrophy. In all these cases, focal symptoms were predominant, making a diagnosis from brain tumor very difficult at first, until the typical mental and physical decay cleared up the clinical side of the

picture.]

Psychiatry, by STEWART PATON. J. B. Lippincott Co., 1905. pp. 618. To the recent works on mental disorders, the result of the new impulse in psychiatry, especially in America, may be applied the oftquoted "Of the making of many books there is no end." Dr. Paton's book, however, is the most serious effort on this important branch of medicine, made in the United States, and is thoroughly in keeping with the more modern lines of research, if we except a condensed abstract of Kraepelin published some two years ago. As a digest of the literature it is excellent, as an exposition of clinical psychiatry it has many faults, but these are considerably outweighed by the many admirable qualities of the book. True, it contains nothing new, and the author's experience in clinical psychiatry seems to have been rather limited, but it furnishes a good working basis for the student and general practitioner who wishes to become informed of the most recent lines in mental diseases. As an example of the great influence of the Heidelberg school, he follows in the main the classification of Kraepelin, but he has added in detail the researches of the French writers on hysteria, and the psychasthenias, and in view of the great importance of the latter group, not so much for the hospital physician, as for the general practitioner, the innovation is an excellent one. However, he groups the melancholias under the heading of senile psychoses, a classification obviously wrong, for clinical experience has shown how many of these states may appear during the pre-senile period. He recognizes the paranoic forms of manic-depressive insanity and also the atypical focal forms of general paralysis, although from the standpoint of symptomatology, he says nothing of the manic-depressive types of this latter disease. On page 85 it is stated that paramnesia is a mere distortion of memory, whereas it has been shown that this disorder is not one of a premeditated distortion, but is rather of profound dissociation, so strong that in the reduplicative forms it approaches a multiple personality. The stenographic production given of the flight of ideas, more nearly resembles the scattered thought of dementia praecox. Concerning the latter disease, the few lines on the relation of puberty, although fragmentary, yet are well taken and timely, as showing the modern tendency in this direction. He well holds out against charts for symptomatology as narrowing our conceptions and takes the firm stand for a thorough clinical study of each case independently, giving a short scheme for the mental and physical examination. The description of katatonic stupor lacks clearness, while the treatment of the paranoic states is too meagre. Outside of these few deficiencies, however, the book represents the most serious attempt at a clinical psychiatry, on a thoroughly scientific basis, that has yet been produced in America.